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Substitute for form 1449/PTO	Complet if Known		
	Application Number		
INFORMATION DISCLOSURE	Filing Date	HEREWITH	
	First Named Inventor	Bindra et al	
STATEMENT BY APPLICANT	Art Unit	-	
(Use as many sheets as necessary)	Examiner Name		
Sheet 1 of 3	Attorney Docket Number	5001	

Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Cite Initials* No.1		Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
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Examiner Date 2/28/04 Considered

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Transation is attached.

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Attorney Docket Number

Examiner	Cite	Document Number	U. S. PATENT D	Name of Patentee or	Pages Calumes Lines 14th :
Initials*	No.1	Number-Kind Code ^{2 (F known)}	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
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Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	Γ
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